

# Diabetes Epidemic and Action Report

*Where we've been, where we're at, and where we're going*

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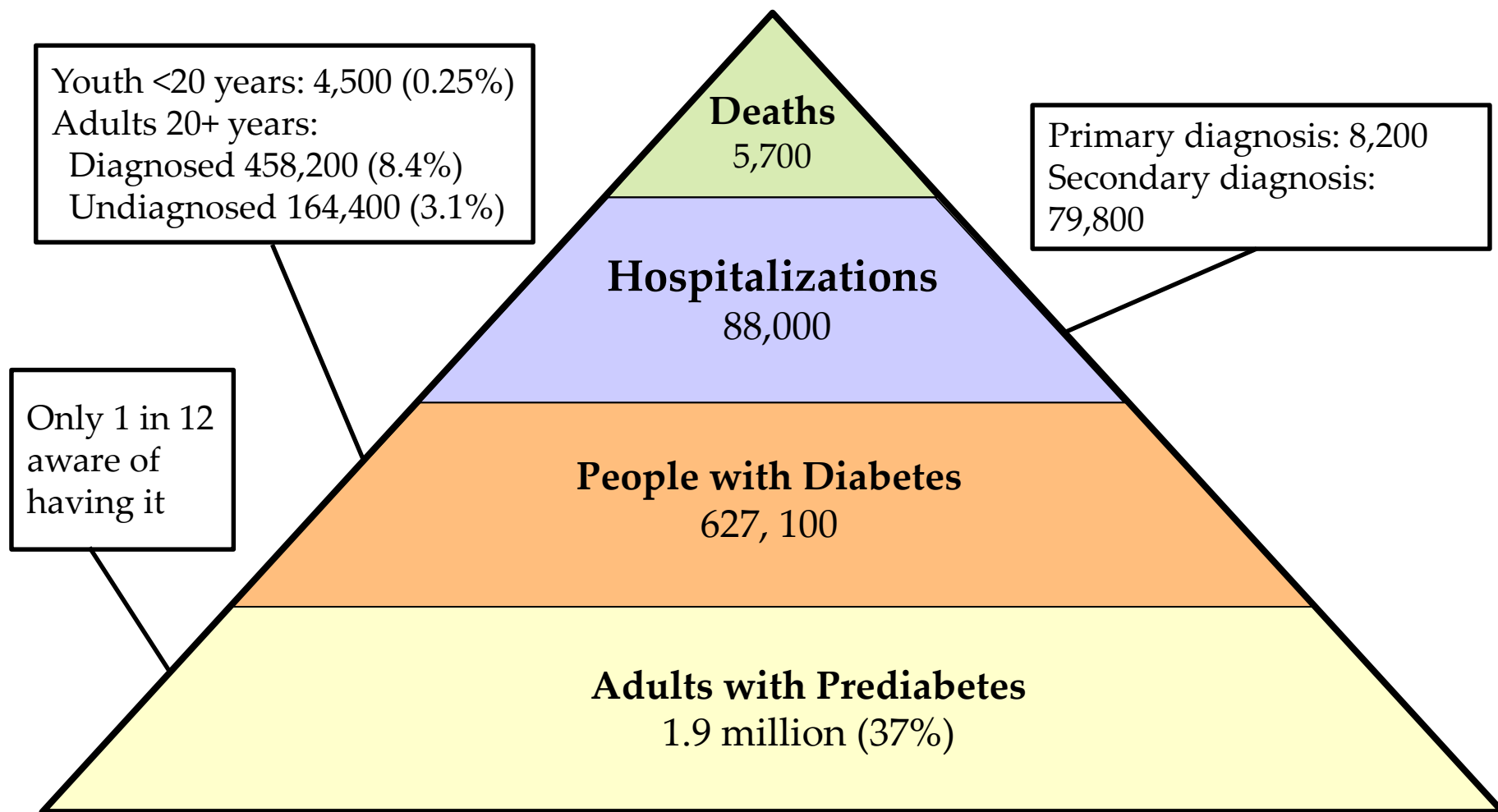
October 25, 2016 – Washington State Capitol

# Presentation Agenda

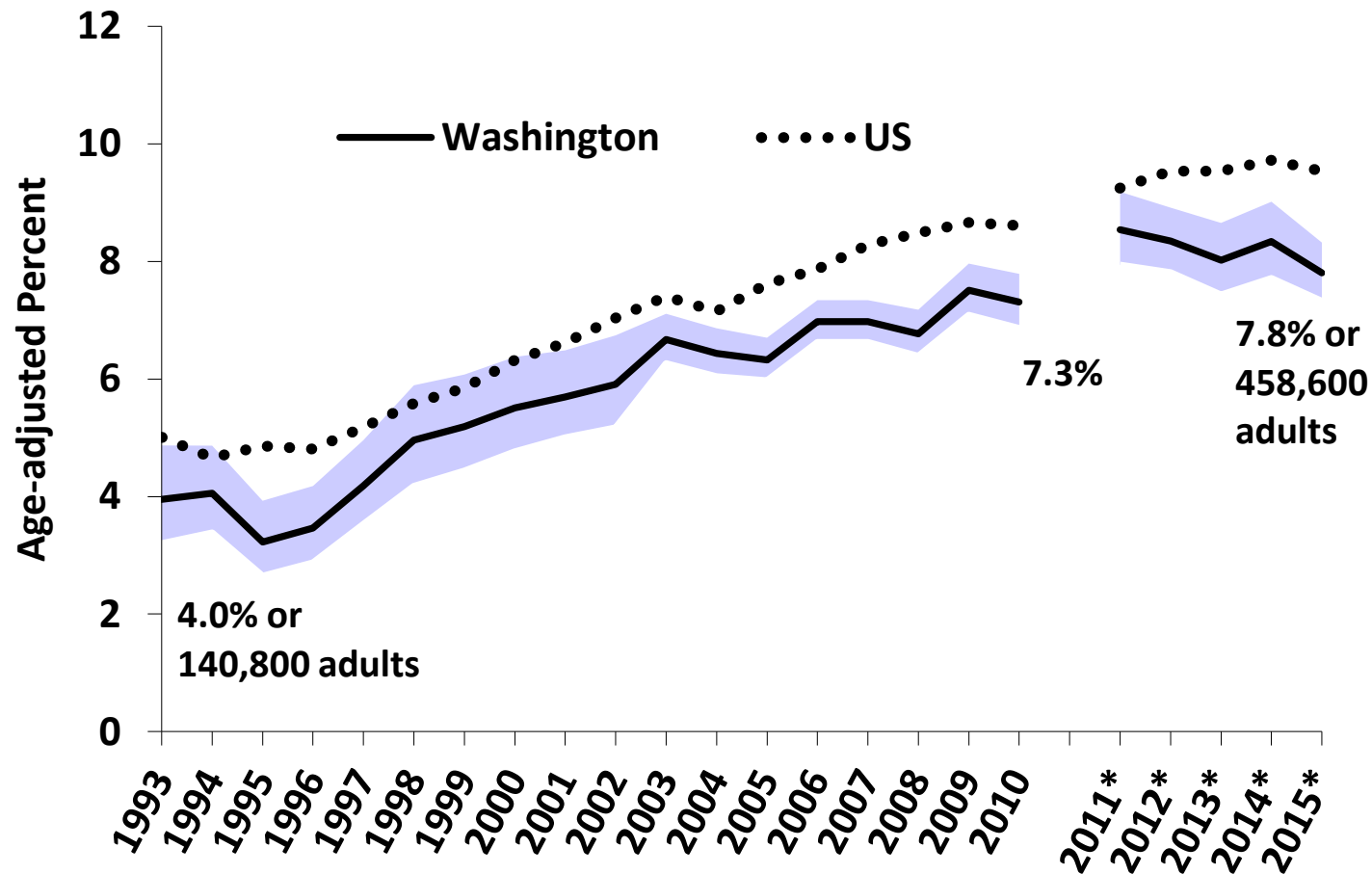
- What were our goals?
- What have we done?
- What changes have been made?
- Where do we need to go next?



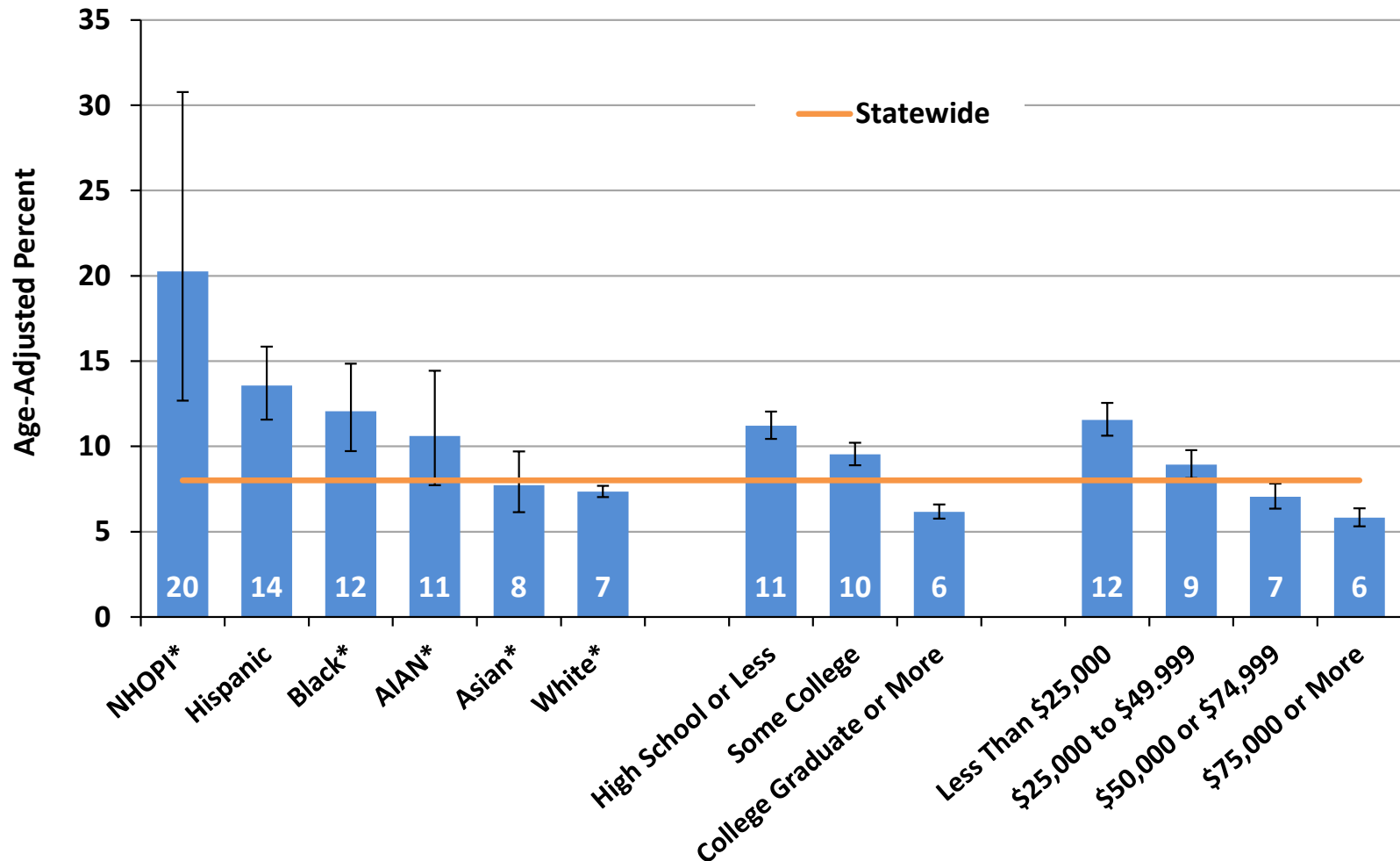
# Burden of Diabetes In Washington State



# Trends In Diabetes Prevalence in WA and US



# Differences in Diabetes Burden



# Differences in Diabetes – Youth

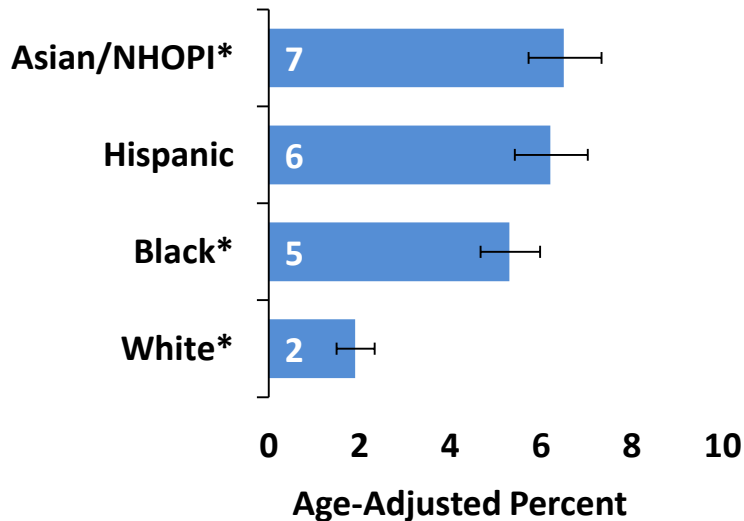
## SEARCH for Diabetes In Youth – US

(<https://www.searchfordiabetes.org>)

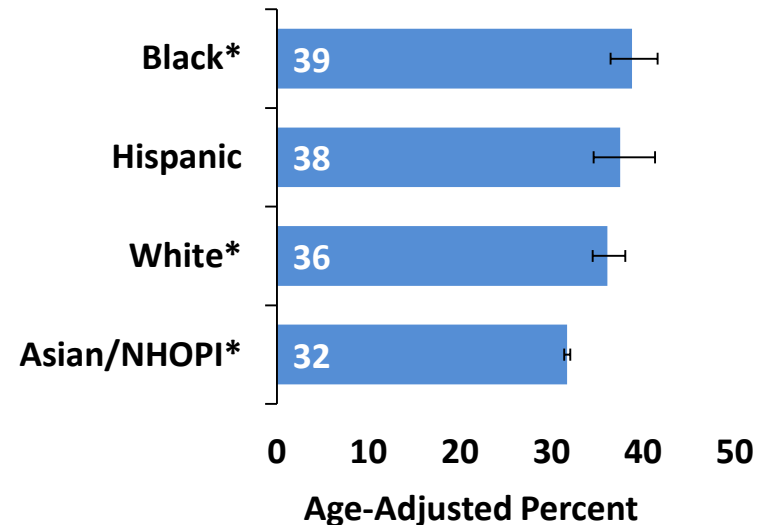
- Compared with other groups, non-Hispanic white children and adolescents had the highest rate of new cases of type 1 diabetes.
- While still uncommon, the rates of new cases of type 2 diabetes were greater among people aged 10–19 years than in younger children, with higher rates among U.S. minority populations than in non- Hispanic whites.

# Diabetes Disparities

## Undiagnosed Diabetes - US Adults



## Prediabetes - US Adults



Source: 2011-2012 National Health and Nutrition Exam Survey (NHANES) from Menke A, Casagrande S, Geiss L, Cowie CC. Prevalence of and Trends in Diabetes Among Adults in the United States, 1988-2012. JAMA. 2015 Sep 8;314(10):1021-9. Abbreviations: NHOPI, Native Hawaiian/Other Pacific Islander. \*Non-Hispanic, single race only.



# DEAR 2014 Goals

Increase access to:

- Diabetes Prevention Programs
- Active Living & Healthy Food and Beverages
- Diabetes Education/Self-Management
- Oral Health Treatment
- Care Coordination for Multiple Conditions
- Community Health Workers
- Stakeholder Involvement
- Analytics, Interoperability & Measurement

# Department of Health Goals

- Increase access to:
  - Safe and affordable places for active living
  - Healthy foods and beverages
- Ensure involvement of Community Health Workers to address diabetes in populations with the greatest needs
- Ensure all people with diabetes receive self-management education from a Diabetes Education Program
- Increase stakeholder involvement in policymaking

# What have we done:

## *Healthy Eating/Active Living*

### Healthiest Next Generation Initiative

- Focus on healthy eating and physical activity in early learning settings, schools and communities
- Department of Health
  - Convened stakeholders; prioritized recommendations
- Department of Early Learning
  - Enhanced contracts to promote healthy eating & physical activity in Early Childhood Education & Assistance Program
- OSPI
  - Revised state Health and P.E. K-12 Learning Standards
  - Granted \$5 million state dollars to schools to improve healthy eating, water consumption, and physical activity

- *Breastfeeding Friendly WA* in hospitals and birth centers
- Food Insecurity and Nutrition Incentives grant:
  - Incentivize purchase of fruits and vegetables by SNAP recipients
- Complete Streets workshops and local Complete Streets policies
- Free on-line trainings for early learning care providers
- Technical assistance resulting in healthy nutrition policies and practices
- Food System Round-table to develop 25 year vision for our food system

# Where are we headed next:

## *Healthy Eating/Active Living*

- Focus on health equity
- Launch Breastfeeding Friendly Community Health Clinics
- Continue to take a policy/systems/ environment perspective on health eating, active living, and breastfeeding

# 2015-17 State Budget Investments

## *Healthy Eating/Active Living*

- Preserve and expand state parks facilities (\$52.7M)
- Safe Routes to School Program (\$20M)
- Construct/renovate outdoor facilities (\$10M)
- Healthy Kids – OSPI Healthy Schools Grants (\$5M)
- Complete Streets (\$3.3M)
- No Child Left Inside grants (\$1M)
- Healthiest Next Generation coordinator at the Department of Health (\$246,000)

# What have we done:

## *Community Health Workers*

- Co-sponsored and convened (with HCA and DSHS) CHW Task Force
- Released recommendations from Task Force
- Continue to support CHWs through free training, networking and ongoing education

# Where are we headed next:

## *Community Health Workers*

- Coordination of statewide CHW Pilot Integration Project (CHWs in clinical settings)
- Development of Web-based CHART platform to document and track CHW provided services
- Partnerships with Community and Technical Colleges

# What have we done:

## *Diabetes Education*

- Continue to certify programs that serve Medicaid/Apple Health enrollees
- Pursuing funding for Diabetes Self-Management Program – Stanford Model – in Spanish & English
- Uniform Medical Plan Diabetes Self-Management Education

# Where are we headed next:

## *Diabetes Education*

Promote evidence-based modalities aside from currently reimbursed offerings

- Telehealth: web, phone or tablet-based connections with diabetes educators
- Promote culturally and linguistically appropriate options

# What have we done:

## *Stakeholder Involvement*

- Increased participation in the Diabetes Network Leadership Team
- Coordinating update of Guidelines for Care of Students with Diabetes
- Coordinating more closely with Type 1 Stakeholders

# Where are we headed next:

## *Stakeholder Involvement*

- Revise bylaws of Diabetes Network Leadership Team for increased involvement
- Greater coordination with Healthier WA and Accountable Communities of Health
- This summit--input and review of 2017 Diabetes Epidemic & Action Report



# Health Care Authority Goals

- Ensure all appropriate populations have access to the Diabetes Prevention Program in Washington.
- Ensure people with diabetes and gum disease have access to guideline-based oral health treatment.
- Support Healthier Washington's investment in analytics and measurement.

# What have we done:

## *Diabetes Prevention Program*

- Offered to state employees since 2013
- 829 employees have participated
- Diabetes Network Leadership Team has promoted DPP to employers
- Encouraged Apple Health Plans to consider DPP

\*In close collaboration with partners

# National DPP snapshot

## October 2016

State	Number of Recognized Organizations	Number of Participants	Number of Completers	Average % of weight loss among completers	State population rank
Minnesota	44	8414	1043	5.1	21
Florida	47	7654	2028	4.3	3
New York	115	6810	2180	4.7	4
Washington	20	5467	820	5.6	13
Ohio	20	4953	2153	4.5	7
California	61	4417	155	5.0	1
Colorado	28	3237	542	3.7	22
Texas	23	2741	891	4.8	2

# Where are we headed next: *Diabetes Prevention Program*

- June 2016 Action Plan focusing on access
- Next steps for state employees
- Next steps for Apple Health

# What have we done:

## *Oral Health for People with Diabetes*

- Oral Health benefit available for Apple Health eligible children
- Oral Health benefit reinstated for adults – Apple Health – January 2014
- Dental Benefit available for state employees and their dependents

# Washington Dental Foundation

- Trained over 400 CHWs in oral health, including connection of oral health to chronic disease
- Partnered with DOH to develop on-line training for CHWs focused on oral health
- Working on enhanced dental benefit for those with diabetes



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## HOW GOOD ORAL HEALTH HELPS MANAGE DIABETES



The connection between your mouth and diabetes is simple. It's a cycle. Manage your mouth and you help manage your diabetes. Here's how it works.

Taking care of your mouth cuts down on germs that cause gum disease.

Having gum disease can raise your blood sugar.

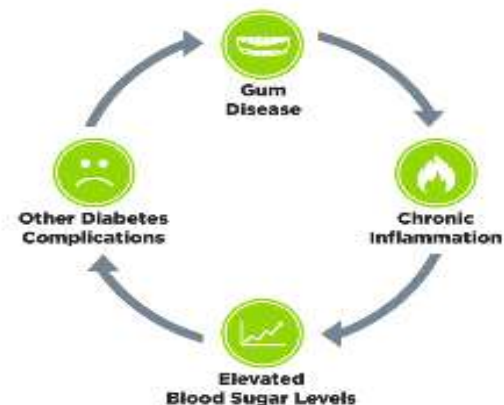
Elevated blood sugar provides an ideal environment for germs.

More germs means an increased chance of gum disease (people with diabetes are 3x more likely to have gum disease). Notice how we're back at the beginning of this cycle?

Like type 2 diabetes, gum disease is often silent, which means symptoms can be hard to detect. Here are the warning signs:

- Red, swollen, or tender gums
- Mouth pain
- Bleeding while brushing, flossing, or eating hard foods
- Receding gums
- Loose teeth
- Mouth sores
- Persistent bad breath
- Changes in the way your teeth fit together when you bite, or a change in the fit of partial dentures.

### Gum Disease Can Lead to Diabetic Complications



# Where are we headed next:

## *Oral Health for People with Diabetes*

- Continue to streamline oral health business processes
- Examine data on individuals with diabetes:
  - What proportion of clients with diabetes are receiving preventive dental care?
  - Of those not receiving regular dental care, what outreach efforts needed to encourage preventive dental care?

# What have we done:

## *Analytics and Measurement*

- Analytics team established
- Aligned performance measures
- Including diabetes measures in all managed care contracts
  - A1C<9
  - Eye Exams
  - Blood Pressure control

# Where are we headed next:

## *Analytics and Measurement*

- All-Payers Claims Database
- Accountable Communities of Health Measures
  - Well-Child Care – 3-6 year olds
  - Diabetes Management
- Integrated Managed Care



# Department of Social and Health Services Goals

- Enhance care coordination for people with both diabetes and mental illness.
- Ensure all appropriate populations have access to Chronic Disease Self-Management Education programs in Washington.

# What have we done:

## *Care Coordination*

- Health Homes – Currently have over 70,000 people enrolled and approximately 6,000 actively participating
- Preliminary results are very positive
  - Potential receipt of 10.8 million in Medicare shared savings
  - ED and hospital admissions have dropped
  - Client activation levels are increasing

# Where are we headed next:

## *Care Coordination*

- Addition of King and Snohomish in 2017 (availability statewide)
- Building Capacity and Awareness

# What have we done:

## *Chronic Disease Self-Management Education*

- 7,700 participants in CDSME program since 2010. Over 750 workshops.
- 2-Year Grant: \$ 900,000 from PPHF/ACL. Outcomes include expansion of program reach and increased partnerships that focus on sustaining CDSME programs access through non-grant funding sources.
- Diabetes Self-Management (DSM) is one of the suite of programs offered within CDSME. Each AAA will offer DSM in addition to CDSME programs.

# Where are we headed next:

## *Chronic Disease Self-Management*

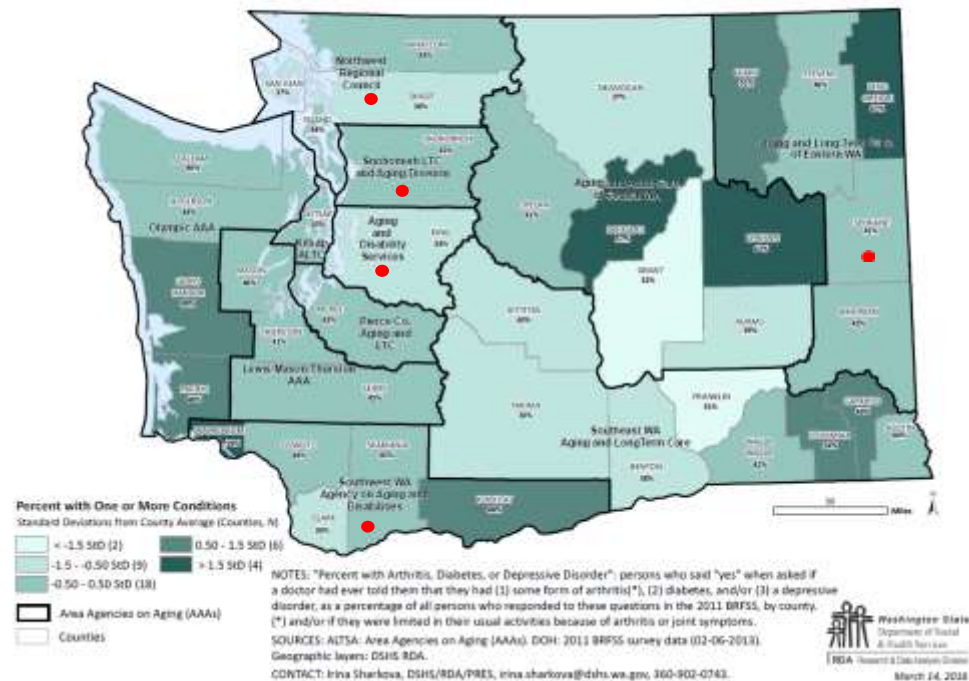
### Sustainability!

- Making the case to Accountable Communities of Health

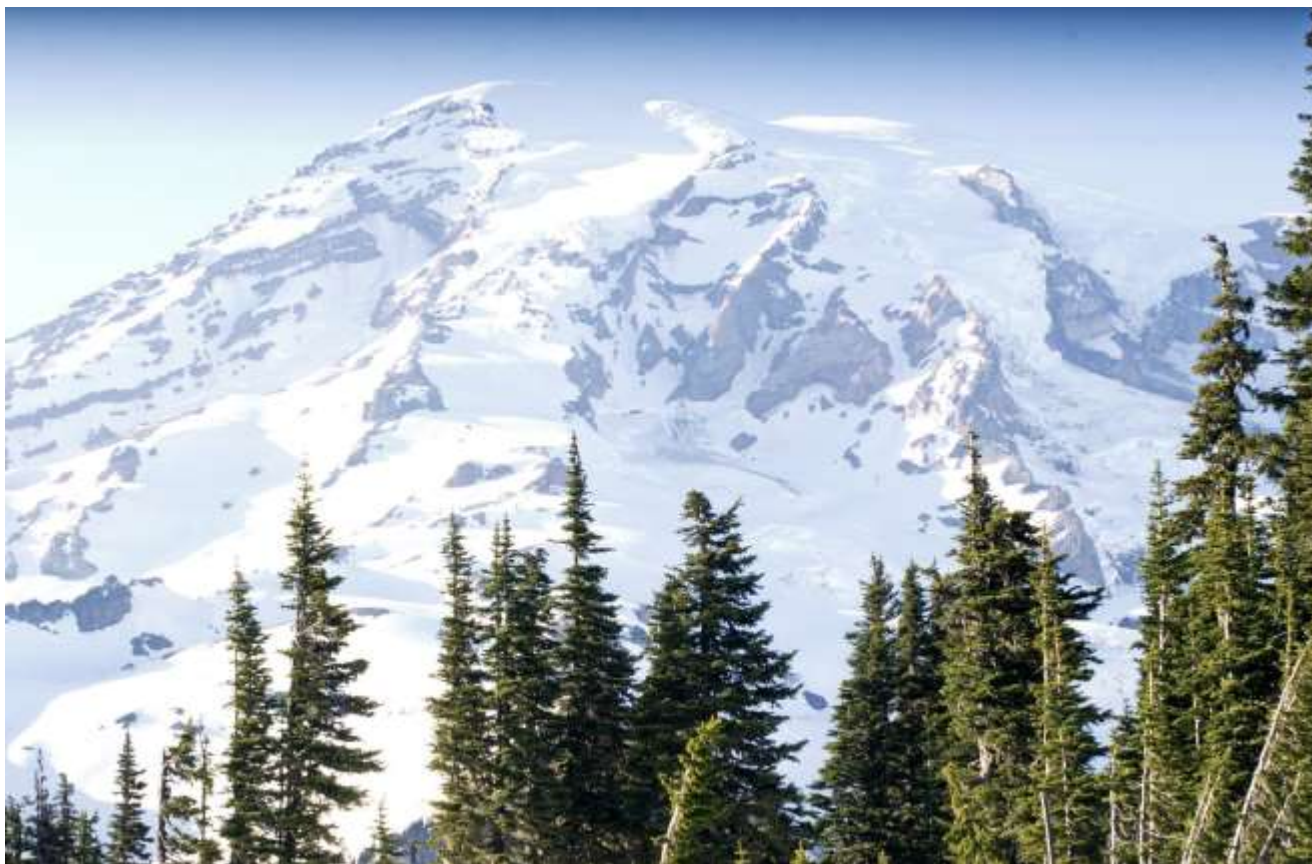
### Current funded partners include:

- Canary Health to provide availability of Better Choices Better Health (online CDSMP) to state employees
- 5 Area Agencies on Aging strategize to increase reach of programs
- Northwest Regional Council AAA expanding Wisdom Warrior program

Percent with Arthritis, Diabetes, or Depressive Disorder by County



- PPHF 2016 Grant funded AAAs- Canary Health will target state employees offering Better Choices Better Health.



# Thank You!

Contact the DEAR Team at:

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